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SWAT (Statewide Assistance Team) Request

LEA:	Date:
LEA Contact:	Phone:
SWAT requested by (Name of Special Education Director or Designee:)	
Special Education Director's Signature:	
Teacher/School Contract :	Contact Number:
Student Name:	Grade Level:
School, Address, Phone Number:	
Brief Description of Need for SWAT: (Please attach copy of current IEP, FUBA, & BIP with supporting data)	

Information below the line to be completed by the USOE Staff

SWAT Consultant:	Phone:
Address:	
Other Information:	

Utah State Board of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200
Special Education Services
Fax: (801)538-7991